

THIRD PARTY INCOME VERIFICATION

24 CFR PART 982 AND 24 CFR PART 5

Third party verification is the best and most reliable method for determining the accuracy of the family's income and/or deduction claim.

[24 CFR 960.259 and 982.516(a)(2)]

HAs must obtain and document in the family file third party verification of reported family income, value of assets, expenses related to deductions from annual income and other factors that affect the determination of adjusted income or income based rent. If this information is not available, it must be documented in the file the reason(s).

There are several methods to verify income of a resident family. A HA may require and check documents and information supplied by the family; however to be considered third party verification the documentation must come directly to the PHA from the provider. The types of documents required could vary depending on the types of income being reported.

The following provides examples of acceptable verification documents:

- A. Income Documentation Materials
 1. IRS tax forms
 2. Written verification of TANF income from the appropriate agency;
 3. Social Security or Disability award statements;
 4. Child Support Payment canceled checks and/or award letters;
 5. Pay stubs or earnings statement supplied by the employer directly to HA.
- B. Deduction Documentation Materials
 1. Signed receipts or paid invoices for childcare expenses supplied by the provider directly to the PHA;
 2. Receipts for medical expenses or insurance premiums supplied by the provider directly to the PHA.

When a third party verification is not received in time to establish eligibility or complete re-examination, the HA should establish the annual income or adjusted annual income on a provisional basis on the condition that adjustments to the amount of the housing assistance will be made or subsidy will be determined when the third party verification has been completed.

When third party verification is not possible, not obtainable, impractical to obtain, etc., the HA may wish to accept documents provided by the family for verification, but the file must clearly explain the rationale for using the substitute verification method.

HELPFUL HINTS

GOOD FAITH EFFORT, GOOD DOCUMENTATION

Improving income integrity

Internal quality control system

Look for original documents

UP-FRONT INCOME VERIFICATION TECHNIQUES

1. TASS

http://www.hud.gov/reac/products/tass/tass_guide_ssi.html

Social Security (SS) and Supplemental Security Income (SSI)

1. Availability of information through the most efficient means
2. Privacy Act and confidentiality issues regarding use of data and access

RELEASE OF INFORMATION

A statement of authorization to release information

The authorization expires 15 months after dated and signed

24 CFR 5.23O ©(4)

Date:
Mail to:
Address:
Fax:

THIRD PARTY VERIFICATION

NAME: _____ **SOCIAL SECURITY #:** _____

The individual named above is an applicant for housing assistance which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

SIGNATURE of HOUSING AGENCY REPRESENTATIVE TELEPHONE #

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Date:

ADDITIONAL INFORMATION:

I certify that the above information is true and correct.

SIGNATURE	PRINT NAME/TITLE	DATE
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DOCUMENTATION:

INCOME

Employment Verification

Date of employment: _____

Position/Occupation: _____

Current Rate of Pay: \$ _____ per _____ (hour, week, month, etc.)

Current Rate of Overtime Pay: \$ _____ per _____ (hour, week, month, etc.)

Number of hours/weeks employee works: _____.

Anticipated average amount of overtime per week: _____.

Anticipated tips, commissions,, bonuses: _____.

Gross annual earnings you anticipate for this employee for the next twelve months: _____.

Do you anticipate any changes in the employee's rate of pay in the near future: _____.

Amount deducted for medical coverage: \$ _____.

Public Assistance Verification

Case Name: _____ Case Number: _____.

Family Composition: _____ Children: _____.

Monthly Payments From this Agency:

AFDC: \$ _____ Start Date: _____.

General Assist: \$ _____ Closing Date: _____.

Other: \$ _____ Other Income: _____.

Total: \$ _____ Source: _____.

Retirement or Pension Benefits

Amount of pension: \$ _____.

Gross Monthly Rate: \$ _____.

Monthly Deductions for Medical Expenses: \$ _____.

Date of Birth: _____.

Child Support/Alimony Verification

I certify that I provide the following alimony and/or child support payments.

Child Care:

\$ _____.

Child Support is paid on behalf of the following children:

Alimony \$ _____.

Unemployment Compensation

Award Amount: \$ _____ / _____ (week,month)

Beginning Date of Payments _____.

Ending Date of Payments: _____.

Is this client eligible for extension of benefits? _____.

ASSEST

Banking Verification

Real Property Verification

Stocks/Bonds Verification

Life Insurance

EXPENSES

Child Care Expenses Verification

Attendant Care Verification

Medical Expenses Verification

Medical Insurance Premiums Verification

MISCELANEOUS

Student Status Verification

Person With Disabilities Verification